

Independent Contractor Questionnaire - Claimant

Claimant Information:

Last Name:

First Name:

MI:

ID or SSN:

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)

Under Section 212 of the Illinois Unemployment Insurance Act, service performed by an individual for an employing unit, whether or not such individual employs others in connection with the performance of such services, shall be deemed to be employment unless and until it is proven in any proceeding where such issue is involved that:

- A. Such individual has been and will continue to be free from control or direction over the performance of such services, both under his contract of service and in fact; and
- B. Such service is either outside the usual course of the business for which such service is performed or that such service is performed outside of all the places of business of the enterprise for which such service is performed; and
- C. Such individual is engaged in an independently established trade, occupation, profession, or business.

The information you provide will be used for the purpose of determining your eligibility for benefits.

Please complete, sign and return this questionnaire to your Illinois Department of Employment Security Local Office as instructed. Failure to respond will result in a determination based on the available information.

If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

Section A: Independent Contractor Information Employer Name:

Did your employer set assignments, schedule work, set quotas or time requirements? If Yes, please explain:	Yes	No
Did your employer set your wages and/or how you were paid? If Yes, what was the wage? \$ How were you paid?	Yes	No
Did your employer furnish you with materials, supplies, tools or equipment? If Yes, please explain:	Yes	No
Did your employer require you to report to a specific location and/or at regular intervals? If Yes, where was the location?	Yes	No
Did you have an independently established trade, occupation, profession, or business? If Yes, please explain:	Yes	No
Did you have a contract with the employer? Yes No <i>If Yes, please provide a copy of the contract.</i>		
What type of work or service did you provide your employer?		
What type of product or service does the company normally provide?		

Section B: Signature

Signature:

Date:

Name: (printed)

Telephone Number: